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PUBLIC HEALTH REPORTS.

SUMMARY OF SANITARY REPORTS.

Status and progress of epidemics.

Asiatic cholera.—According to an official notification, 1 case of Asiatic cholera was reported May 2 at Ashabad, Transcaspian province of Russia, and 1 case May 4 at Tzaritzin, government of Saratow, Russia. In view of the threatening danger of an epidemic of cholera, arrangements have been made for the construction of barracks and a bacteriological station at Wilna, a city with a considerable trade and a population of about 100,000. Wilna is a railroad center, the capital of a province of the same name, and is situated only about 100 miles from the German frontier. Because of information received by the Austro-Hungarian Government, that Asiatic cholera has ceased to prevail at Baku and Batum in Transcaucasian Russia, Austria-Hungary suspended the sanitary measures adopted against arrivals from the places mentioned.

Bubonic plague.—It was announced May 20 that bubonic plague had broken out in the Bahrein Islands, Turkish territory in the Persian Gulf, with a Mohammedan population, engaged principally in the pearl and tortoise fishery and the exportation of dates and other fruits. The fishery employs during the season a large number of boats, and some Bahrein ships are employed in the India trade, a sort of shipping difficult to regulate in regard to sanitation.

During the week ending May 13 there was a fatal case of plague at Manila. The previous week 2 cases of the disease, with 1 death, occurred at Manila and 2 fatal cases at Cebu. June 20, there was a death from plague at Waipahu, near Honolulu.

Yellow fever.—As shown from reports, the west coast of South America is comparatively free from yellow fever. Ecuador, which does not appear to share the plague epidemic prevailing in Peru and Chile, has suffered, however, from yellow fever during the past six months, deaths being reported from Guayaquil, the last during the week ending May 23. These cases have occurred during the half year of rain just finished, ending with it the local trade on the estuaries of the rivers dependent on wet weather for navigation. Guayaquil is on the mail route, 835 nautical miles south of Panama, and connected with the places north and south by a port-to-port service. The public

health of Guayaquil is of especial importance to United States interests, because it is the only port on the Pacific coast of South America in which the volume of trade engaged in by United States vessels approaches that carried on under the German and British flags.

A railroad operated by an American company extends inland from Guayaquil, the chief market for foreign goods. Work is being done on railroad connections between the port and Quito, the capital, in the Andes, nearly 10,000 feet above the sea level, a height which in the past has been reached only by a journey of 320 miles by means of pack animals, difficulties of transportation having their fortunate side in limiting the spread inland of epidemic disease.

The consul at Belize, British Honduras, reports under date of June 9, that the last case of yellow fever there occurred June 1. At Puerto Cortez, Honduras, 1 additional case, fatal, was reported June 6.

In the canal zone there were 18 cases and 3 deaths from June 1 to June 12. The consul-general telegraphs from Panama under date of June 16 that in fifteen days there had been 24 cases of yellow fever and 6 deaths, and that the epidemic is increasing.

GENERAL SANITARY INFORMATION.

Ainhum and leprosy.—L. E. Ashley-Emile, of Mopra, Zambezi River, East Africa, discusses in the *Journal of Tropical Medicine*, February 1, 1905, the question whether ainhum, which is spread widely over the African continent, particularly on the west coast, is a manifestation of leprosy. Zambaco Pascha, an authority on leprosy, is of the opinion that this obscure disease is a modified form of leprosy, a view in which Ashley-Emile coincides. He believes ainhum to be a leprous manifestation occurring in persons not the subjects of typical leprosy, but of a leprous diathesis. Classical leprosy and ainhum have not been observed occurring together in the same person, but the subjects of ainhum often present the facial appearance of lepers and are in close family relationship with them.

Mortality statistics of the United States for 1903.—In the present number of the Public Health Reports a table is published giving the mortality statistics of 1,423 cities and towns in the United States for the calendar year 1903, compiled from 1,423 reports received in reply to 3,750 circular letters sent to local boards of health and health officers. The table for the year 1902, published in the Public Health Reports for August 7, 1903, did not contain, as does the present one, a table of the annual mortality for the year under consideration as estimated by the Bureau of the Census. The mortality for 1902 was reckoned only according to the population for the census year 1900 and the locally estimated population. The census population for the year 1903, the added feature of the present tables, has been estimated by the Bureau of the Census in accordance with a provision whereby

that Bureau is directed by Congress to prepare such annual estimates in the interval between decennial censuses. The method used by the Census Bureau in the preparation of the annual estimates is the so-called arithmetical one, a system which, though admittedly subject to uncertainty, has been shown by experience to come nearer to accuracy than any other available method.

Director S. N. D. North, of the Census Bureau, writes, in his letter of transmittal of the estimates of population of the larger cities of the United States in 1901, 1902, and 1903, that the method "rests on the assumption that the annual increase for each year since the last census would be one-tenth of the decennial increase between the last two censuses. The country as a whole, and most of the States and cities," he continues, "are growing with a steadily decreasing per cent of increase. As this condition has obtained in the United States for the last twenty years, it is likely to hold good in the immediate future. Under such conditions the arithmetical method has been proved more accurate than any alternative method available."

The Director of the Census states that undoubtedly in a number of individual cases the estimates will ultimately prove to be wide of the truth, but even in such cases it is believed they will be of value in establishing a basis for the computation of statistical rates.

The estimated population (local), on which mortality has also been estimated in the tables, is that furnished directly to the Public Health and Marine-Hospital Service by the local boards of health or health officers in their entries on the forms used in making their reports.

The favorable features of these local estimates are evident. They were made by officials on the spot at the very time the death statistics were furnished and were gathered from police enumerations, directory canvasses, and intimate personal knowledge of local conditions.

The particular instances in which the census and the local estimates are at variance and the resulting divergence in annual mortality can be seen by an examination of the tables. The tables, which do not include towns of under 1,000 inhabitants, cover an aggregate population of 22,400,567, according to the United States census of 1900, which gives the total population of the mainland of the United States as 75,994,575.

The population covered, as estimated December 31, 1903, by the Bureau of the Census, is 24,072,374, and as locally estimated is 25,430,232. It should be observed, however, in drawing conclusions from these general figures, that in some cases the estimate of population of individual municipalities has not been furnished by the Bureau of the Census, from inability to obtain data, and is hence omitted from the tables.

All the places included in the tables except Honolulu (population 39,306, census 1900) are comprised in the mainland of the United

States. A distinction is made in census work between the mainland of the United States and the entire area of enumeration, excluding from the mainland enumeration the population of Alaska and Hawaii and persons in the military and naval service of the United States (including civilian employees) stationed abroad. There were in 1903 about 3,750 cities and towns in the United States having a population of 1,000 or over. The exact numbers can not be precisely determined, except after the lapse of a certain period, for the reason that municipalities are constantly consolidating, large cities by suburban extension absorbing surrounding incorporated places, and places of all sizes meeting others in their spread from initial centers.

Figures from 1,423 of the 3,750 municipalities were utilized. Thus the grand totals furnish fairly accurate annual mortality figures for the urban population of the United States for the year 1903, namely, 16.12 per mille of the Census Bureau's estimated population for the year and 15.43 per mille of the locally estimated population. A calculation of annual mortality founded on the official United States census for 1900 yields a rate of 17.52 per mille. The tables published for the year 1902 gave an annual mortality of 16.84 per mille, reckoned on the United States census of 1900, and 15.38 on the locally estimated population. The variance of results obtained by the use of the Census figures for 1900 and of the local estimates is seen to be greater with the advance of a year from the date of the decennial census. The object of the yearly United States census estimate is to rectify such variances, as far as possible, and for this reason has been used in preparing the tables of mortality. The tables show a grand total of 43,269 deaths from tuberculosis in 1903 among the population covered by the reports. In 1902 the tables gave 41,404 deaths from this infection among a population of 22,469,816, based on the official United States census for 1900.

UNITED STATES.

[Reports to the Surgeon-General Public Health and Marine-Hospital Service.]

Vaccination in Boston, Mass.

The following is received from the Department of health of Boston, through Surgeon Woodward, under date of June 15:

For the eight months beginning October 1, 1904, and ended May 31, 1905, there were 1,749 vaccinations with the State virus. Of these 1,692 were primary vaccinations and 57 secondary vaccinations. For successful primary vaccination 276 certificates were issued; for successful secondary vaccination 12 certificates. During this time there were returned 12 cases of unsuccessful primary vaccination and 11 cases of unsuccessful secondary vaccination, or 23 in all. Of the 12